



HIT Policy Committee Final Transcript November 4, 2014

Presentation

Operator

All lines are bridged with the public.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is the meeting of the Health IT Policy Committee. This is a public call and there will be time for public comment at the end of today's meeting. As a reminder, public comment will be limited to 3 minutes to anyone making a comment. As a reminder to our members on the phone today, we will be using the virtual hand-raising feature because it is a public meeting. There is a little guy that you can use in the web conference to put yourself in the queue for questions. And I will now take roll. Paul...I'm sorry, Karen DeSalvo?

Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services

Present.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Karen. Paul Tang?

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Paul. Alicia Staley? Anjum Khurshid?

Anjum Khurshid, PhD, MPAff, MBBS – Director, Health Systems Division – Louisiana Public Health Institute

Yes, I'm here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Anjum. Aury Nagy? Charles Kennedy? I believe Charles is on. Chesley Richards? Christine Bechtel? Chris Lehmann? David Kotz?

David F. Kotz, PhD – Associate Dean of the Faculty for the Sciences – Dartmouth College

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, David. David Lansky?

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, David. David Bates? Deven McGraw?

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Deven. Devin Mann? Gayle Harrell?

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Gayle. Josh Sharfstein? Kim Schofield? Madhu Agarwal? Marc Probst?

Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Marc. Neal Patterson? Patrick Conway? Paul Egerman?

Paul Egerman – Businessman/Software Entrepreneur

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Paul. Scott Gottlieb? Thomas Greig? Troy Seagondollar?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Troy. And so you all may have noticed that we have Anjum Khurshid, who is now our new Policy Committee member. He will be our new public health representative and he will be replacing Josh Sharfstein. Anjum was able to get his feet wet with the committee over the summer and served on the Governance Subgroup and so we welcome Anjum and just a quick background and we'll welcome him more when we have an in-person meeting. But Dr. Khurshid served as the Senior Health System Strategist at the Louisiana Public Health Institute in New Orleans and he directed the Crescent City Beacon Community program in New Orleans that focused on improving management of diabetes and cardiovascular disease; so welcome Anjum and we look forward to having you on our committee and welcoming you in person in January.

Anjum Khurshid, PhD, MPAff, MBBS – Director, Health Systems Division – Louisiana Public Health Institute

Thank you very much.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

And with that, I will turn it to you, Karen.

Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services

Thank you, Michelle and good morning everybody. Just a couple of quick comments from me and then I have an introduction I want to make and ask one of our new senior team members to tell you a little bit about herself. I want to mostly thank the Policy Committee and other members of the Health IT community for their support in the last week and a half, as the Secretary has asked that I lean in on helping with Ebola and some of the other public health issues and do that leveraging the resources of O-ASH, which for those of you who are not familiar is the part of HHS that includes the Surgeon General and the Commissioned Corps of the public health service.

We have some 71 members of the Commissioned Corps in Liberia right now standing up a hospital that will serve healthcare workers who are working in hospitals, ETUs in Liberia and should they become sick or need medical attention, so our team members are working to ready that and stand it up sometime by this weekend. We also have a set of responsibilities around ensuring their return to the US and then the ongoing deployment of additional volunteers as needed, so making sure that those volunteers who are frankly heroes, who have given of their personal time and...to go overseas and help stem the tide abroad; so one of many things that we're working on.

And I want to thank the ONC team for continuing to execute everyday as they always do; it's such a talented, great team of people who are paying attention to the needs of the number one boss, the consumer and the country. And the work is not lower priority and not stopping and I just really feel the need to reassure that for folks personally on behalf of the Secretary. The Secretary asked...Deputy Secretary Corps to speak with the teams here at ONC when they asked me to lean in, just to reassure them that Health IT and ONC remain a priority for this department and this country. And if anybody wasn't certain that it's a part of her top priorities, she certainly has it completely woven in to delivery system reform, which is at the very top of her agenda, an effort which I continue to co-lead with Dr. Conway. So, my thanks then to everybody for their support, especially for the support of the ONC teams, a great group of folks and they need everybody's help as we get through this time.

I want to take a minute to introduce Lucia Savage, who I mentioned at the last Policy and Standards Committee joint meeting in October, as she would be joining us the following week. She has now been on board, I said that she would hit the ground running as Chief Privacy Officer and boy has she ever. She is really a tremendous asset to this team and frankly, to the country. She comes from a world of knowledge about interoperability through the lens of payers, but others and I think is bringing a lot of expertise and talent to our work, particularly in the world of the Chief Privacy Officer, but I would say she has been a great asset on our interoperability work already and so I thank her for that. So, Lucia, do you want to just tell them a little bit about yourself.

Lucia C. Savage, JD – Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

Thank you, Karen. I'm really thrilled to be here, today is day 12 and I was joking with the team that I get to say that for about 3 more days and then I think the honeymoon will be over. For those of you who haven't worked with me before, I have been working in health privacy since HIPAA's inception, first at Marquis University and then at Pacific Business Group on Health and their old insurance exchange, PacAdvantage and then actually doing big data and health information exchange strategy and transactions at UnitedHealthCare. And I'm just thrilled to take all of that really practical experience on behalf of particularized clients and their business needs and bring it here to the American people for their needs. So I am looking forward to supporting the committee's work as it moves forward and I couldn't be more thrilled than to be here.

Karen B. DeSalvo, MD, MPH, MSc- National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services

Thanks, Lucia; Michelle, back to you.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

I'm going to turn it back to Paul.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Okay, thanks Michelle. As Karen mentioned, she is going to be spending a lot of time in the Office of the Assistant Secretary...as the Acting Assistant Secretary. With her extensive background in large scale preparedness, she is really suited for this job in helping the country deal with the Ebola risk. She has graciously agreed to continue to chair the Policy Committee and to work with Lisa Lewis in guiding the ONC. And as the FACA committees know, there are a lot of activities that have been going over the past several months and years in Strategic Plan, in the Interoperability Roadmap and over years, the Meaningful Use Stage 3. And so that work actually is weaving its way through the clearance process and so clearly has the imprint of Karen's guidance, so that will be quite stable.

Karen is going to continue chair the HIT Policy Committee. During the tenure of the HIT Policy Committee over the past 5 years, we've gone through a number of National Coordinators and I think the transition has been so smooth largely because of the strength of the ONC staff. And so our work has been very expertly guided by Michelle Consolazio, who really not only has to arrange for the hundreds of meetings and calls, but she has to sit through them and get that information back to ONC and HHS. She does that expertly, she really makes the process tick, so we want to thank her especially. And Jodi, who has been there as the stable guiding hand and thanks for the thousands of hours that have been donated by all of the experts on the various Workgroups and sub-groups and Tiger Teams. That has been a tremendous effort and it's been a wonderful partnership between the volunteers of the country and the Office of the National Coordinator and HHS. So thanks to everyone.

One of the things we didn't do last time was approve the minutes during our joint session, so I want to go back and approve both the September and October minutes, so would ask for a motion to approve.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

So moved; it's Deven.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thank you, Deven. Second?

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Second, Gayle Harrell.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thank you. And any additions? All in favor?

Multiple speakers

Aye.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

And any opposed or abstain? Great, well then the minutes are approved and we will go on to the next part of the agenda, which are data updates. We are starting out with Beth Myers please.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Hello, this is Beth. Can you hear me?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We can hear you.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Okay, great. So thank you, we will be doing a pretty quick update today. I just wanted to give the numbers for the EHR Incentive Program, the Medicare and Medicaid payment and registration numbers and we'll do a quick update on attestations to date. Next slide, please.

So first we'll go through some of the registration numbers and payment data. Next slide. So at the bottom there you can see that we now are up to just over 500,000 active registrations, these are through the end of September of 2014. You'll note the Medicare eligible professionals we did have an additional 8000 providers who registered for the program in September of 2014 alone, so that is good news. Again, the registration numbers give us a bit of a litmus test data on the depth of knowledge among providers. There is no...if you register, there is no date by which you would then have to be participating in this program, but it does give us an idea of how many people have heard about it and are getting engaged and are seeking to get engage with the program. Next slide, please.

Our total payments in the Medicare Program, we are now at just over 16 billion for Medicare that includes payments that have been made through the end of September of 2014. Next slide, please. So these are dividing it is by stage; so you can see that we have started to pay out over the 2014 year, you can see the number for providers who are receiving incentive payments for having completed Stage 2 has gone up and our total number there is about 48 million, so that is good news. There are payments being made to hospitals and eligible professionals have made it through and attested for Stage 2. Next slide, please.

These are the totals for Medicaid. I apologize, it's a little bit tiny, but I want you to look at the second to last column on the right-hand side. If you look down where it says MU Program to date, you can see that 62,197 Medicaid eligible professionals have received an incentive payment for participating in Meaningful Use. Next slide, please. So overall, we have just under 415,000 unique providers who have been paid an incentive payment through September...the end of September in 2014. This does include participation in Medicare, Medicaid and for eligible hospitals and CAHs. Next slide, please.

So our total payment amount is just over 25 billion dollars that has been paid out in incentive payments for total participation throughout the year. This includes payments again up through the end of September of 2014. Next slide, please.

So I want to give a quick update on the total registration...or I'm sorry, attestation numbers. These are through November 1. I know that the deck that had previously been sent out did include a typo, so I apologize for that. These are the data through November 1, 2014. Next slide, please.

Again, these are raw attestation numbers, we have not fully analyzed all of these yet, these came in just this week. Eligible professionals who have successfully attested for 2014, we are just under 44,000 eligible professionals who have completed their attestation. We did have 15,481 new participants that have participated in the program in 2014. And we have had 11,478 providers who have attested to Stage 2 of Meaningful Use at this point.

The hospitals that have successfully attested for 2014, we are at 1903. The percentage on that, in case anyone is wondering, is that 40% of the expected number of hospitals have come in and attested so far, just under that number, so that is looking good. Hospitals, we do want to make sure we're publicly saying this every chance we get, that the deadline for hospitals to come in and attest is November 30. The screens and attestation system, as well as the CHPL are now on the ONC side all updated and capable of accepting the certification flexibility option. We do encourage hospitals to get in and attest. We do have 221 new participants on the hospital side and we have had 840 hospitals who have attested to Stage 2 of Meaningful Use. And that is it for me, next slide. I will pass it off to Dawn at ONC.

Dawn Heisey-Grove, MPH – Office of the National Coordinator for Health Information Technology
Can everybody hear me?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We can hear you, Dawn.

Dawn Heisey-Grove, MPH – Office of the National Coordinator for Health Information Technology

Thanks. Okay, so today I'm going to provide an update on the Stage 2 core measure performance through the end of September. Next slide. One of the things I do want to mention is that these data, again, are through the end of September so as Beth has highlighted, there are probably around 6800 new eligible professionals who have attested since these data were created and probably more than 600, or almost 600 hospitals. So these data are still very preliminary, don't account for all those extra professionals and hospitals that have attested since September 30th. Next slide.

Caitlin Collins – Junior Project Manager – Altarum Institute

Dawn, if you have your speakers on on your computer, can you turn them off?

Dawn Heisey-Grove, MPH – Office of the National Coordinator for Health Information Technology

Okay, thank you.

Caitlin Collins – Junior Project Manager – Altarum Institute

Thanks.

Dawn Heisey-Grove, MPH – Office of the National Coordinator for Health Information Technology

So, and again, I want to reiterate what Beth said, historically we see that most of our professionals and our hospitals wait until the last minute to attest. They generally wait until the end of the calendar year for professionals and the end of the fiscal year for hospitals and they have that 60-day period in which to attest after the close of their reporting year. So the numbers that we see and the numbers that Beth reported are probably going to just increase and as we see these new attesters come in, the performance that I am reporting on now will definitely change, so it is very preliminary data. Next slide.

So again, I am going to be reporting on the attestation Stage 2 performance for Medicare providers through the end of September and include about 4600 providers. Next slide...or I should say professionals. There is a lot going on in this slide so I am going to take it piecemeal. I am reporting on the Stage 2 core measures that are essentially new or have moved from menu to core from Stage 1. So the measures here that have an asterisk on it are carryovers from Stage 1 core, no real change except a change in threshold, maybe. The measures that have a caret are moved from Stage 1 menu to Stage 2 core and the ones that don't have either of those are brand new to Stage 2.

On the first row that you see is the percent with exclusion. And you can see the numbers there represent the proportion of the providers, of the 4600 providers that we are talking about, who took an exclusion for this measure. So using the CPOE medications column as an example, we see that 17% of the 4600 professionals that attested through the end of September took an exclusion on this measure. The cells below it represent where those professionals fall in terms of performance. The other thing you want to know is that CPOE medications threshold, for example, the threshold is 60%. So those white cells with a line through it indicate the performance under which they could not report and successfully attest. So the yellow to green cells, the numbers within those are the proportion of providers who reported on the measure. The way you would interpret the cells, CPOE medications, 75% of the providers who attested through the end of September got a perfect score of this particular measure.

A few months ago Jen King reported on performance through the first quarter or second quarter of our Medicare attestations and at that point, almost all of the attestations for the new Stage 2 measures fell into the lower bounds of performance and so the professionals who were reporting were barely breaking the threshold. We see now that the performance is basically spreading out across the available range of values over the threshold and we definitely expect this to change with the new people who have attested so far.

The other thing to highlight is the exclusions. For the summary of care measure, the vast proportion of professionals who have attested so far are taking an exclusion on the summary of care measure. Now you have to remember that exclusion is for providers or professionals who have fewer than 100 transitions over the 90-day period. There is also almost half of professionals who have attested so far are taking an exclusion on the radiology measure. Again it means that they had fewer than 100 radiology orders over the 90-day period. Next slide.

The other new to core Stage 2 measure that we wanted to report on is the immunization reporting measure. This was a menu...Stage 1 menu measure previously, now providers are required to report on it or take an exclusion. And we see that a little over a half of our professionals are taking the exclusion. But when you break that down into why they are taking the exclusion, you see that it is not a result of capability but rather that those providers or professionals are not administering the immunizations that the public health agency is looking for. So 93% of the EPs are not administering immunizations at all or they are not administering immunizations for the population that the public health agency is concerned about. So, this says that it is not about capability but more about whether they are doing the activity or not. Next slide.

I'm now going to talk about the hospital attestations. Again, this is attestation data through the end of September so it accounts for about 250 eligible hospitals. Next slide. This is essentially the same breakdown as the previous slide for the eligible professional performance, the only difference is it does not include the row for exclusions and that's because most of these measures do not have an exclusion and for the ones that do, the proportion of hospitals that are taking the exclusion is minimal, so it's not worth reporting out. It's usually less than 1%.

So we see that the same...similar trends compared to the previous reporting of performance. The performance is pretty much covering a much larger range of the available scores above the threshold. Hospitals are staying in the lower bounds of the thresholds for the summary of care sent electronically measure, which is brand new to Stage 2 as well as getting their patients to actually view, download or transmit the measure for this...which is also new to Stage 2. Next slide.

So the final slide is about the hospital reporting on public health measures. For hospitals, the three public health measures that were menu in Stage 1 have now become core for Stage 2. And the three measures are Immunization Registry reporting, reporting of electronic laboratory results to public health and syndromic surveillance reporting. We see that 7 out of 10 hospitals are actually reporting on all three of those measures to their local public health agency. And more than 90% of our hospitals are reporting on at least one of them and that is where I'm going to stop. Next slide. We're done.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

So we'll now open it up...Paul, do you want to open up to questions on this first part, I think and then we can turn it over to Vaishali for the next part of the data presentation.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Okay, that sounds fine. Questions on the two presentations from CMS and ONC?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

It looks like Paul Egerman has a question.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Great, Paul? You are on mute, Paul.

Paul Egerman – Businessman/Software Entrepreneur

Sorry, can you hear me now? I was on mute.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We can hear you.

Paul Egerman – Businessman/Software Entrepreneur

Yeah, I want to say thank you Dawn and Beth and as usual, a very good presentation. I just want to make sure I understand the numbers correctly; it's a lot of numbers. If I'm looking at these numbers, it looks like roughly 98% of the industry is still on Stage 1. Is that...am I interpreting it correctly?

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

I'm sorry, which number...this is Beth. Which number are you looking at to gauge that?

Paul Egerman – Businessman/Software Entrepreneur

Well, I just looked at the number of people who...both eligible providers and hospitals who had successfully attested to Stage 2 as of November 1.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Okay. So...

Paul Egerman – Businessman/Software Entrepreneur

...I assume that means...it looked like that was roughly 1% or 2%, so that's why I said 98% must still be on Stage 1. Is that the correct interpretation or am I missing something?

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Not necessarily. It's hard to interpret these particular numbers, and this is sort of why the two presentations...I wanted to make it very clear that the attestation numbers that we have in so far are raw data and Dawn's presentation was diving in on performance on some of the measures. Until...hospitals, until the attestation period is closed, it will actually be hard for us to fully identify which stage each provider participates in based on the flexibility options that are available. So there's not a great way to project who might use flexibility and who might not. So we'll have better data in the coming months about the participants who are expected to have completed each stage and what they actually did, as well as the participants who made use of the flexibility for Stage 1 using the old certification. So I think we'll have some better data for that going forward, to be able to understand it but it's hard to look at this now because this doesn't tell us anyone who has completed an EHR reporting period that has not yet attested to it.

Paul Egerman – Businessman/Software Entrepreneur

I see, so to get that data, we'd have to wait until when? Until perhaps our January meeting, because I assume the December meeting might be a little bit too early.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

While we can get some raw numbers for December, we'll probably have better analysis of the full data on who has used flexibility and in what manner they have used it is more likely to be January because it does take us some time to go through all of the pieces that. But the thing to keep in mind is that, this is actually a good time for me to re-plug one more time that hospitals have until November 30 to attest for Meaningful Use for 2014, so we do want to remind them of that deadline. But at that point we will start to have more clean numbers. We do expect that a lot of people will come in towards the end of that time.

Paul Egerman – Businessman/Software Entrepreneur

Okay, thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Good, thank you. Troy?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Thank you, Paul. Actually, you kind of touched on the question that I had, I was really curious as to of those eligible professionals and eligible hospitals that have registered, how many of those have attested and it sounds like we're not quite there yet, so, thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Good, thank you. Any other que...Anjum?

Anjum Khurshid, PhD, MPAff, MBBS – Director, Health Systems Division – Louisiana Public Health Institute

Yes, thank you. I want a little more detail on the pie chart that shows reporting by...for immunization measures. It says that 7% of the exclusions were because of the local public health agencies not being able to receive the messages. Do we have a sense of what percentage of public health agencies that represents that 7%?

Dawn Heisey-Grove, MPH – Office of the National Coordinator for Health Information Technology

So you're asking whether the...if we know which public health agencies cannot receive an immunization message? There are two ways to address that, I think the CDC has done a good job and CMS also, at collecting which states and public health agencies are receiving the message. But there's also an issue of the type of message that's being sent and whether...this also captures...this exclusion also captures whether it's just that they can't receive the message or test the message within the 90-day reporting period in order for the professional to attest. So it captures a couple of different...there are two categories that that captures, so it's sometimes not about capability there either, but more about staffing on the public health agency side to see if they can actually receive a message in time...

Anjum Khurshid, PhD, MPAff, MBBS – Director, Health Systems Division – Louisiana Public Health Institute

I see, okay, thank you.

Dawn Heisey-Grove, MPH – Office of the National Coordinator for Health Information Technology

...to allow the providers to attest. Sure.

Anjum Khurshid, PhD, MPAff, MBBS – Director, Health Systems Division – Louisiana Public Health Institute

Thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Okay, any other questions? Okay, thank you Beth and Dawn and I'll make another plug for Beth that November 30 is the last day to attest for hospitals.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Next is Vaishali talking about privacy and security.

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Great, can you all hear me? Hello?

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Yes we can.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We can hear you.

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

And Michelle, I just wanted to do a quick time check, just to make sure that we're on track in terms of time, whether I should speak quickly.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We're okay. Thank you.

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Okay, great. Great. Okay, so next slide, please. So back in the fall of...about four years ago, fall of 2010, in anticipation of...as EHR adoption was increasing and anticipation of exchange of health information elect...increasing as well, ONC wanted to assess whether that would impact individuals' concerns regarding their medical records. And so since 2012, ONC has conducted a nationwide survey of consumers that examines privacy and security attitudes, concerns and preferences regarding EHRs and health information exchange.

And today I will be presenting findings from two years, two waves of the survey, 2012 and 2013 that focus specifically on answering the following questions. So what are current levels of concerns regarding privacy and security of medical records and what impact do those concerns have on patient's interactions and communications with providers. And whether these concerns vary by whether a provider has an EHR and also how those concerns and patterns of withholding have evolved over time between 2012 and 2013.

And then also the second half will focus on health information exchange; so looking at individuals' concerns regarding different methods of exchange, comparing electronic and fax and whether these concerns have changed over time and then finally, I will be reporting on whether in spite of these concerns that consumers are expressing, how or whether that has impacted support for EHRs and electronic health information exchange over time. Next slide, please.

So just overall, a majority, about 7 in 10 individuals reported that they were very or somewhat concerned about the privacy or security of their medical record and less than 1 in 10 reported that they would withhold information from their healthcare provider due to those concerns. Overall, in spite of the fact that EHR adoption increased between 2012 and 2013, the levels of concern did not significantly change between 2012 and 2013; the numbers are not very different. And I should also point that out the definitions that we have here for privacy and security are based on the National Committee on Vital and Health Statistics and the specific definitions, for folks that are interested, are in the appendix slides. Next slide, please.

So we also wanted to look at whether the concerns that were expressed differed between those who had a paper record versus those who had an electronic record and we found that there weren't any significant differences in privacy and security concerns, as well as patterns of withholding. You can see here that the proportion of individuals who have a paper record slightly higher levels of concerns, but it's not statistically different from an electronic...those who had an electronic record. Next slide, please.

Similarly, a majority of individuals, about 6 in 10, expressed concerns about providers sending medical records to other providers treating them. And this concern, as you can see did not vary by whether the information was sent electronically or by fax and the concerns didn't really change; they remained fairly static between 2012 and 2013. So for example, if you compare in 2012 about 61% of individuals expressed concern about information being sent electronically and it went slightly down to 60%, and no statistically significant changes there. Next slide, please.

And so finally, how did these concerns affect support for EHRs and health information exchange. What we found was, in spite of the fact that a majority of Americans expressed concerns regarding the privacy and security of both their medical record and with sharing of their medical records, support for EHRs and electronic health information exchange remains consistently strong, about three-quarters on the left side you can see about the graphic on the left shows that about three-quarters of Americans support EHRs, and that has remained fairly consistent between 2012 and 2013. And about 7 in 10 individuals report that they support their healthcare providers and want their healthcare providers to electronically share their medical records with other providers treating them, despite any potential privacy or security concerns that they might have; and again, no statistically significant differences between 2012 and 2013.

So overall, during this period of EHR adoption growth, a majority of Americans do express concerns about the storing and sharing of their medical records, but the concerns are not specific to electronic methods of sharing and storing their data and overall support for EHRs and electronic health records has remained consistently strong between 2012 and 2013. Next slide, please. And I will take any questions.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thanks, Vaishali. Questions from the group?

Deven McGraw, JD, MPH, LLM – Partner Manatt, Phelps & Phillips, LLP

So Paul, its Deven.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Go ahead, Deven.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Hi, this is a great presentation, thank you. Can you remind me again what years you did these surveys?

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

In 2012 and 2013.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Okay, okay, that's great. Have you guys published the...is this sort of the first time these results have been released? Are you going to...

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Yes...so, yeah, so we're planning...that's a great question and I should have mentioned this at the end that we are planning to publish these findings in a series of data briefs that we're hoping that will come out shortly and would be happy to share the link with folks, if you're interested. And it will be posted on ONCs website.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Yeah, definitely interested, I mean, it's relevant to so much work that we do on Privacy & Security Workgroup as well as work that I do personally, so very interested. Thank you very much.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Deven, is this something that the Privacy & Security Workgroup is going to be taking up further?

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP

Well, it's just...this is important. These surveys are done periodically on peoples' concerns about the privacy of their medical records, both in digital and in paper form, but rarely do you see the questions dive into whether these concerns are so strong that in fact people don't want health information technology used to store or share their health information. And this survey takes the step of getting to the questions of whether we need to place obstacles or make sharing harder, I should say.

And I like the fact that the survey got to those questions. I mean, there's always a limit to what you can do with survey data, but I think it's an important indication of where the public could be on these issues that we take under consideration. It's not that we would do anything directly with these survey results, but they are very informing to a lot of the work that we do.

Paul Tang, MDS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Great, thank you. David Kotz?

David F. Kotz, PhD – Associate Dean of the Faculty for the Sciences – Dartmouth College

Yeah, I had actually a very similar question. I would be very interested in the paper when it comes out. And also if it's possible to release some of the data in table form or other forms that researchers could consume. Maybe that is a question, is it possible for you to release that?

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

I think that's something that we would have to discuss internally, but we do have a Health IT Dashboard where we do share data and findings. So I am sure there is a vehicle...we can figure out a vehicle to do that.

David F. Kotz, PhD – Associate Dean of the Faculty for the Sciences – Dartmouth College

Great, thanks.

Paul Tang, MD, MS - Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thank you. Chris Lehmann?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Thank you, can you hear me?

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Yes.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Okay, good. The concern about privacy and security is stated somewhat broadly and I was wondering if there are any data available what people are...if they are concerned, what they are concerned about, whether it's loss of actual medical data or whether it's loss of data that could be used to compromise their credit? What particular concerns there are, so I was wondering if there is any further breakdown?

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Right, in terms of...I think I know what you're getting at. We didn't have a question in the survey that asked about basically around the issues that you described in terms of like were they concerned about how the information might be misused or in terms of like were they afraid of specifically things related to unauthorized using or hacking or other things. So we did not get into some of those reasons that you are talking about in terms of delving further in that area.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Good, thanks. Gayle?

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

My question is about the understanding of the individual who are participating in the survey. Was there any indication to them that the exchange of data may go through third parties? Was there any indication as to whether they had asked for consent for the exchange of data? How in depth were the individuals prepared before the survey?

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Well we described, I guess, the specific use case that we asked about in terms of the electronic exchange was related to sending data to another health care provider treating them. So it wasn't focused on query-based exchange or other forms of exchange which might...depending on state laws and regulations might require consent. So the specific use case was around comparing facts versus electronic means of sharing data between healthcare providers treating them. So there wasn't a lot of...there wasn't a description around consents or some of the issues that you described, so it was a pretty...focused on that very specific use case.

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

In other words, the individuals who were surveyed did not, well basically they anticipated a direct exchange one party to one party...an intermediary or going through an HIE or a variety of exchange mechanisms.

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

We did not...

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

(Indiscernible)

Vaishali Patel, MPH, PhD – Senior Advisor, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

...go into the descriptions of different...the role of third parties and other, yes. It was presented as computer-to-computer, that's how the electronic was defined, computer-to-computer versus fax.

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Okay so they...I understand, thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Okay, thank you. And any other questions? Okay. Thank you very much. And we're going to proceed on to Jodi Daniel giving policy updates from ONC.

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

Great. Thanks folks...in the room here. Thank you for...we have periodically in the past given some policy updates and I had gotten feedback that it was helpful. Since we had some room on the agenda today, we thought we would do that, so feel free to give me or Michelle or Paul any feedback on things that you'd like to hear about from ONC updates and some policy updates and we'll make sure to provide them.

We've also, in the past, we used to have standards update and we can bring Steve Posnack in to give an update on some of the activities around the standards side, so that it helps inform the policy discussions that you all are having. So we're happy to do that as time allows and as interest dictates. So please...next slide.

I just wanted to talk about our upcoming Health IT Policy Committee Milestones and then there were two topics that I wanted to focus on, some activity regarding long-term services and supports and our collaboration with Administration for Community Living and then some collaboration with the Federal Trade Commission on health IT and competition. I just wanted to give you all a heads up on a couple of those things. So next slide, please.

First, this is an upcoming health it policy milestones. Michelle has gone over these in the past, so this is just a refresher here. We start from October from the joint Policy and Standards Committee meeting. By this month, all of the policy committee workgroups will have kicked off, I think Consumer is the last one to kick off and that's coming up in the next week or so. We should have...we talked a lot about the Interoperability Roadmap at the last joint committee meeting and we will have some recommendations in December. January we have slated talk about comments on the Health IT Strategic Plan as well as the Interoperability Roadmap. And there are a couple of different workgroups that we're expecting to get some feedback on those two documents that ONC will be putting out for comment.

We have still an estimate for the...a rough ballpark for our Meaningful Use and Standards and Certification NPRMs that we expect to get feedback from the Policy Committee on. Again, various workgroups we expect to hear from. So just wanted to give you sort of a where we are in the next few months on some of the major milestones that ONC is targeting and that we're hoping the Policy Committee will provide us some key feedback on, as you always have in the past. Next slide, please.

So I just wanted to start with...which you've seen this slide, this is Erica...the slide Erica presented about the high-level interoperability vision that we put out this last summer. And I want to highlight one thing in this, in light of the conversation and some of the activities going on in Community-Based Long-Term Services and Support. We talked about in this vision that our ability to support a person's health is not limited to healthcare delivery, but also includes a diverse array of agencies and other professionals and para-professionals; including community-based services and that the interoperability vision supports health information exchange across clinical and nonclinical or community-based services to support the health of individuals.

And this really is the context for the work that I want to mention and just want to highlight that this is really aligned very much with the interoperability vision, the 10-year vision that Erica laid out the last meeting. Next slide, please.

So Community-Based Long-Term Services and Supports, this includes elderly and nonelderly persons with intellectual or developmental disabilities, physical disabilities, behavioral health diagnoses, spinal cord or traumatic brain injuries, etcetera. And as part of the Affordable Care Act, Congress provided incentives to promote the use of Community-Based Long-Term Services and Supports for promoting movement from institutions to communities for people who require these services. And I'm not sure how much folks on this committee are aware of that, so I want to draw that to your attention.

And then that also the point that Medicaid is really the primary payer for long-term services and supports covering a continuum of benefits ranging from home and community-based services with the goal of allowing persons to live more independently in their own homes and communities while getting the support and services that they need. During the second half of 2013, 42 states were actively transitioning participants in demonstration programs out of institutions and back in their homes and community settings. And the goal here really is improving care coordination efforts for persons receiving community-based support services who have complex medical and long-term care needs to help inform care coordination more broadly. Next slide, please.

So, where we're fitting into this, ONC in partnership with CMS will be kicking off a new Standards & Interoperability Initiative focusing on identifying standards for community-based, long-term services and supports. And we're going to build off prior transitions of care and care planning standards work. So this is very consistent with the work we've done in the past, but it is a new initiative that is kicking off just this week, on November 6. For...this is an opportunity for electronic long-term services and support to include integrating clinical and nonclinical data in standardized and a structured way to improve quality and effectiveness of care and services to those populations that need it most.

For those of you who have been involved in S&I work before, these are open to the public, any interested stakeholder can participate. We have a Wiki that provides more information and gives an opportunity for folks to participate in real time. So please, take a look at this if this is an area you are interested in or share it with others who may have a role to play in this effort and this work. Next slide, please.

And on a similar front, I wanted to mention that there was a Town Hall style public workshop that ONC and the Administration for Community Living cohosted, called Putting the Person at the Center, Integrating Plans for Long-Term Services and Supports and Healthcare Delivery through Health Information Technology. The meeting was really an opportunity to broaden our thinking so that we're considering how to improve not only healthcare but also improve health; again, very consistent with the message and our vision for interoperability more broadly. And what we heard was that while there are significant strides that have been made in the use of electronic health records by doctors and hospitals that we needed to also bring in more of these community-based organizations that were not part of the Meaningful Use Program to help better integrate and coordinate care. This meeting was really the beginning of a dialogue between health and community-based social service stakeholders.

And a couple of themes that we heard were that we really needed to think about a person-centered approach, including values, goals and priorities of the individual that may not always be tied to healthcare, but more importantly to what their priorities were, what their values are and what they are hoping to achieve in their own lives and how health and healthcare services may support that. We heard from the meeting that we should be concerned about electronically documenting patients' goals and making sure the person-centered plans include a shared care plan and that there...and also a plug for capturing priorities in a computable way.

We think that more thinking needs to be done in this space, but again, I think this is a really great first step in thinking this through and I think this will really help support the work of advanced health models, it's a really good first step and as we start fleshing out some of the more proactive work of Advanced Health Models Workgroup, this will be a really good place for us to begin and build off of. Okay next slide and I'm going to now switch gears a little bit to talk about our collaboration with the Federal Trade Commission and what that is all about. Folks may have seen some blogs that we put out and a companion blog that the FTC put out talking about health IT and competition.

So just to give a little bit of background and history here, ONC has long recognized the need to foster innovation and competition to achieve our health IT as well as our healthcare goals. And we have tried to spur a robust health IT marketplace. We know that it's important to promote healthy competition to ensure continued innovation to drive improvements and interoperable technologies and services and to be responsive to the needs of providers of patients and the like.

We, just to again by way of background, we participated, both Karen DeSalvo and I in an FTC workshop that took place this past spring, in March. It was a really excellent learning opportunity for us to understand and talk about health IT markets and exploring the current competitive landscape. There were many reasons to be encouraged from...that came out of that conversation including that the EHR Incentive Programs have accelerated health IT adoption, they have accelerated a more robust health IT marketplace and that the ACAs market-based reforms have ensured that health IT markets will continue to thrive beyond the Meaningful Use Incentive Program; again very consistent with our thinking and our expectations.

We also heard some reasons to be concerned. We heard about limited information and transparency about the relative costs and trade-offs of competing products and services, about the actual cost of ownership and the prices for exchange and interface. We heard about limitations to data in interoperability across competing health IT products and services, as well as some other limitations and restrictions that make it hard for folks to shift products, to choose other products to take the data with them. So, we have...next slide, please.

We put out this blog and we have been collaborating with the Federal Trade Commission to try to understand the health IT and competit...the marketplace for health IT, any competition issues and how we can all meet a shared goal of promoting interoperability and innovation in the health market space...in the marketplace. In our blog we highlighted that we are looking at sharing industry knowledge and awareness with the Federal Trade Commission as they are looking at a health IT and competition, understanding business practices that may impede interoperability or harm consumer...consumers or competition or impact the free flow of information to follow the patient wherever they are being seen and wherever that information is needed. And we are actively sharing what we are learning with FTC, we've really begun to have a continued dialogue with them as they are trying to understand this space and as we're trying to understand some of the challenges we are hearing about the availability of folks to be able to switch to competing products or to exchange information.

The FTC blog really highlighted their engagement in this space and their engagement with us. They are actively engaged with the federal partners in our initiatives. They are providing competition expertise to us. We understand the health IT market, but we don't necessarily understand the rules about competitive marketplaces and where they fit in. And they are also advising us on some standard setting issues as something that they have been traditionally focused on and how we can promote good market practices like transparency, like consumer choice, into the health IT market.

So this is really just to let folks know that there is this ongoing collaboration. If you are aware of any...if there are any information that would be helpful for us to have, feel free to reach out directly to me. I'm happy to take that information and talk to our FTC colleagues. If there are some things that you think that would be helpful for us to know as we are working with them, please do share that with us. And I will stop there and pause for questions.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Okay. Thank you, Jodi. And Paul Egerman has a question.

Paul Egerman – Businessman/Software Entrepreneur

Great. So thank you Jodi, great presentation. I am particularly interested in your comments about the FTC and my question relates to the sort of the kinds of organizations that you are considering as you look at these issues. For example, are you considering HIE organizations who frequently have like a monopolistic position within a single region or sometimes healthcare organizations themselves who have a dominant position in a region and may refuse to exchange information. And even accreditation organizations who sometimes require healthcare organizations to provide data to them that they are uncomfortable with, in terms of how the privacy of that data is held, but they have no choice because of their positions. So does the FTC evaluation consider that entire breadth of organizations?

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

So that's a great question and I...first I will say, I can't speak for FTC and what their area of focus is. I can tell you what we have talked with them about and what I am aware of. So, and I'd be happy to get somebody from the FTC to join us, if there is an interest in a greater conversation.

Probably not the last point that you said about...we've been...they've been focused a lot more on the healthcare and health IT market. So they've actually been very focused on the healthcare markets and consolidation within the healthcare markets, outside of sort of the scope that we have been focused on. I would say with respect to the health IT; they have been interested both in exchange organizat...or, in all of these things, in exchange organizations, in vendor practices, as well as in large dominant healthcare providers. And they have very...they have different divisions so they do focus on both policy and promoting a competitive marketplace and encouraging best practices. They also have an enforcement division, which is totally separate, which focuses on folks who are taking anti-competitive measures that are in violation of the FTC Act.

And so there are things that the FTC does to promote a healthy marketplace that are not part of their enforcement mechanisms. And we've been talking to folks throughout the FTC. So, I can't speak to about what they are prioritizing or what they're most interested in, but we have had conversations about large healthcare providers, large exchange organizations as well as large vendors who may have a significant dominant market share either regionally or nationally and the kinds of practices that may be less advantageous for a competitive healthy marketplace.

Paul Egerman – Businessman/Software Entrepreneur

Okay, well that's very helpful, so you are taking a very broader view of the entire industry; it is not limited to EHR vendors, if I'm hearing you correctly.

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

OH no, absolutely not. Absolutely not, it is a broader understanding that they are interested in of the health IT marketplace.

Paul Egerman – Businessman/Software Entrepreneur

That's excellent. Thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thank you. Gayle?

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Thanks so much, Paul. I want to go to the long-term care and community, the supports and services discussion and really want to know what role ONC can play in this because of course long-term care was not part of the...HITECH or whatever. But is a key component, especially when you get into Medicaid services for people who have disabilities and that coordination of care aspect is so significant both to health and the local services. So, I would really like further information on how ONC can play a coordination role and perhaps a voluntary certification role so that although you don't have the ability to set rules or anything, but there should be some role that could be played in order to...a voluntary certification so that when someone has a medical issue but then also is getting home services, and especially home healthcare, that there is a coordination and there is that interoperability. It all comes down, once again, to that key interoperability of those records. So I would love to explore that further, I'd like ONC to explore that further.

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

Thank you, Gayle, I appreciate that comment. So as you know, the Policy Committee did provide ONC with recommendations about voluntary certification or...all of our certification is voluntary, but certification that can support providers that are not covered by the Meaningful Use Incentive Programs, particularly focusing on long-term post-acute care providers as well as behavioral health providers. The recommendations we got from the Policy Committee were really focused on interoperability and those criteria and standards that support interoperable exchange between those providers and providers that are covered by the Meaningful Use Incentive Programs. And we have taken those recommendations and it's something that we are considering as we develop our rules. And Jacob Reider would like to jump in briefly.

Jacob Reider, MD – Deputy National Coordinator – Office of the National Coordinator for Health Information Technology

So I think, Gayle it's a fantastic point and just picking up on what Jodi was talking about, for those who were watching at 4:15 last Friday when CMS put out the Physician Fee Schedule Regulations for 2015, you noticed that there were references in that regulation to certified EHR technology. And we have been talking about this for some time, that the Meaningful Use Incentive Program is not the only lever that either the public sector, CMS primarily, state Medicaid Programs, or the private sector, individual payers in various regions might leverage the certification program. So I think that regulation that was published last Friday, so for those of you who didn't pick up on it, go look now, because it's a pretty impressive set of incentives that could in some cases be much greater than the incentives that are provided by the Meaningful Use Incentive Program.

And so providers who adopt the chronic care management model and use certified EHR technology in order to provide those services to their patients will receive substantive payments from CMS through the chronic care management fee. And they have to use certified EHR technology to do it. And so Gayle as you say, there are many other opportunities, I don't think that we need to be vertically specific in that saying a certain market, say behavioral health or long-term care, ESRD, needs a specific EHR technology certification so much as the certified EHR technology that does this.

So to your example Gayle, is interoperable with other systems, if providers in those domains use those systems to provide the services, then programs that compensate those providers could reference certified EHR technology and therefore those providers could use those. So I think they are great points that you're making and just wanted to make sure that folks knew that this is happening, it's no longer just a prediction, that other programs are referencing certified EHR technology.

Gayle Harrell, MA – Florida State Representative – Florida State Legislature

Thank you, that is very, very important and I know Medicaid is such a good payer of services out there, both in behavioral health and for disabilities...long-term care disabilities. So I am very pleased to hear that, thank you.

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

Thank you, Gayle.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thanks. And Jacob clarified that was flexible as well, using certified 2011 or 2014 EHR. Next, Anjum please.

Anjum Khurshid, PhD, MPAff, MBBS – Director, Health Systems Division – Louisiana Public Health Institute

Yes, thank you for your presentation, Jodi, thank you for the presentation. And my question was actually related to Gayle's question. I just wanted clarification in terms of the S&I Framework that is being developed for the long-term services, whether it is going to be developed in parallel to a broader S&I Framework for interoperability in healthcare and community-based social service providers or is it going to be like a demonstration that will scale up to include that broader use?

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

I am going to encourage you to go to the Wiki page which will describe the project in more detail. I have to admit that I am...I do not know the answer to that question. But I am happy to follow up with you, if you'd like, and get some more detail, unless there is somebody...is Liz on the phone?

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Yeah, I'm on the phone.

Jodi G. Daniel, JD, MPH – Director, Office of Policy – Office of the National Coordinator for Health Information Technology

Okay Liz, please, jump in.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Yeah, no, so this is open to again states, vendors, payers, a whole host of stakeholders and it's not limited...so it is in coordination with a Medicaid TEFT Grant, but it is not...it is just in coordination with. So other...we certainly are encouraging a broad range of stakeholders to come and participate and again the focus will be on those social supports information that are needed to support the community-based long-term services beneficiaries. Does that help?

Anjum Khurshid, PhD, MPAff, MBBS – Director, Health Systems Division – Louisiana Public Health Institute

Yeah, so my question was, is it also going to expand beyond just long-term services to broadly chronic care management and places where we need interoperability between these systems in order to pursue the goal of overall health?

Elizabeth Palena-Hall, RN, MI, MBA – Office of the National Coordinator or Health Information Technology

So I think it's going to include...there will be some overlap, I don't know that it will encompass necessarily everything. But there is certainly a large component of this work that will cover chronic care management. So please, I encourage you to jo...the kickoff is Thursday.

Anjum Khurshid, PhD, MPAff, MBBS – Director, Health Systems Division – Louisiana Public Health Institute

Okay. Thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thanks. Any more questions? Thank you Jodi. We're now going to move to the next agenda topic, which is the Interoperability Roadmap draft recommendations. As you know from the last joint meeting, we had an input from both the JASON Task Force as well as the Governance Sub-Workgroup and we takes the Interoperability and Health Information Exchange Workgroup to put it all together and by December to give recommendations back to ONC. So what they're going to talk about today is some draft recommendations for airing in this Committee and further feedback before providing their final recommendations to us next month. So, Micky and Chris.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Great, hi everyone. This is the Micky Tripathi and Chris I think is also on the phone as well, as the co-chair. So what we're going to present today is really we're sort of going through it serially, so it's not like we have gone through everything and now we have an initial set of recommendations and then we're going to sort of continually refine those. It's really a little bit more that we've started marching through an assessment, as you'll see here, and we've got some early thoughts based on the pieces that we've covered. So there will be more to come in December, but wanted to give you a sense of what the framework is that we're using as well as what some early thoughts are as we've looked at it.

So but first, this is the first opportunity we have had to speak to the Policy Committee under our newly restructured workgroup, which is now the Interoperability and Health Information Exchange Workgroup and we've made an executive decision to call it the IOWG, so you'll see references to IOWG. Please if anyone on the Policy Committee objects to that let us know, otherwise we'll go with that as the short label for the workgroup. I thought we'd cover quickly the charge and the work plan, and then we'll dive into the framework that we're using for the ONC roadmap and some of our early thoughts. Next slide, please.

So overall our workgroup, the workgroup charge really isn't very different from the IE Workgroup what the restructuring...the previously named IE Workgroup, what the restructuring did was broaden and increase a little bit the membership to make sure that we are sort of continually monitoring what is the composition of the workgroup and trying to make sure that we've got good representation from a good cross-section of stakeholders on the workgroup itself. But as you can see here, there are a number of things that are a part of our overall charge and then, as always with...particularly with this kind of workgroup and privacy and security I think it's the same situation, a lot of issues emerge from other workgroups that we end up taking on tactically as things unfold. Next slide, please.

So oh, one thing I should mention, well I can talk about it on this slide. So this is our membership now, I've got sort of the great privilege of having Chris Lehmann as the co-chair. And so we together are hoping to adequately lead this group of terrific workgroup members. As you can see here, it is a pretty big group, but it's really important...I think all of us believe it is really important to have a good cross-section and there are so many different stakeholders involved in information exchange that that just means that you have to have sort of a larger number than you might otherwise hope to accomplish.

But I think as you can see here, we've got a wide variety of stakeholders in terms of where they fit in the healthcare delivery value chain as well as where they fit in interoperability in general. And one of the things that we have done in the newly constituted group is bring in some other types of organizations who are clearly stakeholders but haven't been a part of the group before, so the research community, for example, represented by CDISC, the Pharmacy HIT Collaborative and other organizations and more of the government agency view as well, because clearly government agencies are very involved in health information exchange; so again, with an eye toward reaching out as much as possible to get representation from a variety of viewpoints.

The other thing I should mention here is that, I think it said it on the previous slide with the charge is that we have found in the past that there is a lot of overlap in the issues between privacy and security and health information exchange, so we've got a really good sort of cross-fertilization of two groups with Deven's on this group, I'm on the Privacy & Security Workgroup. Larry Garber's on the Privacy & Security Workgroup as well as this one and I think there might be a couple of others as well. But the idea here is to make sure that we've got good cross-fertilization and coordination across those two groups because we have found over the last couple of years that a lot of the same issues sort of pop up on both sides and it's important to stay aligned. Next slide, please.

So the current task in front of us is to review the JASON Task Force and the Governance Sub-Group materials. You may recall on October 15 at the joint meeting there were presentations from the Governance Sub-Workgroup that Chris Lehmann and Carol Robinson co-chaired. And then from the JASON Task Force that David McCallie and I co-chaired. And so what we've...the immediate task here is to take those two inputs first off, figure out the alignment of those and then try to incorporate them and synthesize them with a view toward comments on the Interoperability Roadmap.

And then to the extent that there are red flags in the early draft materials presented on the Interoperability Roadmap, we want to be able to flag those as well. In terms of the timeline, we're working on this now. Our understanding is that in January, we'll be getting another shot at it as those materials start to get more finalized and are distributed for public comment. Next slide, please.

So in terms of our process here, right now we've had one meeting so far where we've looked at the Interoperability Roadmap itself. We've had a couple of meetings just to review the Governance Sub-Group materials as well as the JASON Task Force, and then we had one meeting focusing specifically on the roadmap. And then as you can see here, we've got three more meetings. So we have a fair amount of time to start to dig in more deeply. Next slide, please.

So the first thing that we did was look at the JASON Task Force and the Governance Sub-Workgroup materials and findings and the recommendations. And what we did is overall, we found that there is sort of almost complete alignment between the JASON Task Force recommendation and framework and the Governance Sub-Workgroup output and the frameworks there. And in particular, the JASON Task Force was a little bit broader, it wasn't focused exclusively on governance, although we did have a whole section, you may recall, on what we called market motivators where the federal government could act as a market motivator to enhance interoperability. And it's in that context that the Governance Sub-Workgroup, which was focused fairly specifically on governance, sort of fits within that framework, as I'll describe here in a second.

So the JASON Task Force recommended that the federal government focus on an escalating series of actions that we thought of as market motivating actions, to catalyze market development of interoperability coordination structures and processes. First and foremost there was a set of recommendations, you may recall, that the joint committee did approve that the federal government really participate first and foremost as an engaged and vocal market participant, practicing what it preaches in terms of promoting transparency through active monitoring, convening, offering guidance and aligning its incentive programs as well as the activities of its own organizations, DoD, VA, Indian Health Services, others.

And then the suggestion, the final suggestion was that as a backstop, the federal government could consider exerting direct authority to dictate terms of interoperability, which has a lot of implications because you have to define requirements, monitoring, compliance, enforcement. So we didn't take that lightly, but we sort of represented that as a backstop that the federal government might consider only as their last resort and specifically to resolve gaps identified through active monitoring of areas where the market seems unable to address key national priorities on its own.

So, the Governance Workgroup then, how does the Governance Workgroup recommendation sort of fit into that? The Governance Workgroup input was that ONC may consider, this was the language from the Governance Sub-Workgroup, creating a public-private governance authority as an example...and the perspective of the IO Workgroup at looking at that is that that would really be an example of government exerting direct authority over interoperability structures and processes. So it's really a point on the spectrum proposed by the JASON Task Force to be considered after other market motivating levers have been exhausted.

So there seemed to be...we have a lot of representation on the IO Workgroup from the Governance Sub-Workgroup as well and I think at the end of the meeting, there seemed to be a strong consensus that these two were basically aligned, that the Governance Sub-Workgroup recommendation is really a point on the spectrum and so to the extent that we agree with the spectrum, then they are completely aligned. Let me pause and see if there are any questions and certainly Chris, if as the co-chair of the Governance Sub-Workgroup, if you have any additional thoughts to add.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Thanks, Micky, not at this point.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Thank you. Next slide, please. So in terms of process, what we're doing is taking the structure of the ONC roadmap vision and the building blocks and breaking them up and then sort of attacking them one by one. So on October 29, we started to look at the vision, which was the overall vision with the 3 and the 6-year, 10-year milestones. And then, starting on October 29, I think the end of that meeting but really more going forward, starting tomorrow, we'll start to look into the building blocks, starting with the rules of engagement and governance, which I think is a top priority. And then starting to look at the policy dimensions of the core technical standards and functions and then finally, to the extent that time allows, looking at the support of business, cultural and regulatory environments.

On the second point related to core technical standards and functions, we also do have the benefit of having the co-chairs of the Standards Committee API and Architecture Workgroup, I think it's called, who will be looking at the standards and functions from the standards side. They are participating with the IO Workgroup through this evaluation of the ONC roadmap. So, we've got a lot of overlap there with the corresponding workgroups on the Standards and Policy Committee side. We're focused on the policy dimensions; they'll be focused on the technical dimensions. Next slide, please.

So one of the things that we did is as we started looking through the, now starting at the highest level of the draft materials that Erica Galvez presented on the ONC roadmap at...which was where they are at that time. You may have seen this from Erica's presentation where it basically takes the three time periods laid out in the roadmap and then breaks it down in terms of level of granularity of the participation, so individual provider and then population and public. And then breaks them down into a set of sort of comments and milestones that are part of the IT ecosystem goals at a high level. So we started looking at that and then...next slide, please.

And the key questions of the framework that we're using in evaluating that is...are the following: Are the goals meaningful to healthcare outcomes, first and foremost? Do they appear attainable by industry, both...and where industry here we mean both users as well as technology vendors, so we're not limiting ourselves to either side of the equation, users and/or technology vendors and we're not limiting ourselves to EHR vendors. The question is the broad technology landscape and on the one hand you want things that are meaningful to healthcare outcomes and on the other hand, they do need to be attainable by industry. As we've seen that on the provider and the vendor side, they can only go so far so fast, so there is a reasonability criteria there.

Are the goals well defined enough to define organizational strategies? So, want to make sure that the goals are sort of something that an organization or a set of organizations could actually see meaning in and would actually change their behavior in some way, maybe not today, but in terms of their strategies. And then...but on the other hand, you want the goal to be universal enough that they're resilient to industry and technology change.

I think as one of the participants in our last workgroup mentioned, we're probably over the 10-year timeframe that the roadmap is considering, we're probably going to have two to three major technology changes that none of us really know exactly what they are over that time period. If you look now and look back 10 years, you think about how much has changed over the last 10 years, well, we're going to see something like that or perhaps even exponentially faster types of change in technology. So, whatever goals we talk about, they can't be tied to a particular technology or a particular approach. And then finally, are the goals measurable. We want to be able to say something about whether we are achieving these goals. So, next slide, please.

So in terms of the key questions for the assessment of the building blocks, so that was the key questions that we're looking at for the vision itself, for the high-level vision and those milestones, the 10-year...the milestones that are articulated at the 3 and the 6 and the 10 years. And now as you may recall from the roadmap, they also break down these five building blocks. There are...in each of the building blocks there are draft milestones and then there are draft actions.

And you can see the key questions that we're going to be using there, one is, are the milestones meaningful to healthcare goals and attainable? Sort of very parallel here, are the proposed actions aligned with the milestones? So do you have actions, do they appear to be aligned with the milestones? Do they appear to be appropriate to current and expected industry dynamics? The same point I was describing before. And again, same point, are they focused enough to drive resource allocation and decision-making? And then finally, the question of, how do the actions align with the JASON Task Force recommendations?

And the reason we called out the JASON Task Force recommendations is those were with an amendment approved by the joint committee's on the Standards and the Policy Committee on October 15. So, we now want to sort of figure out what is the alignment there and how do we think about that? Next slide, please.

So what we've done is taken the...oops, excuse me a second, my computer just, for some reason, went blank...okay. We have taken the different milestones for just starting off with the standards governance part of the roadmap. And the roadmap and the building blocks...sorry, we're looking at the governance building block and they've broken it out into standards governance and then what you might call operational governance. So we took those in pieces, so in the left-hand column you see the actual milestones that were in the ONC roadmap for the standar...for the governance building block focused on the standards governance. And what we did is, we looked at the JASON Task Force and the Governance Sub-Workgroup inputs and aligned, what are the recommendations that were in there that would align, we think more or less directly with the draft milestones in the ONC roadmap. So, first one of the things that the ONC roadmap, as you can see on the bottom, they focus on metrics; our recommendation is that should be the top; that the very first thing we should be doing is defining specific goals and metrics and...mechanisms so we know what it is to be making progress in interoperability at a nationwide level.

The second point that we would recommend is, an explicit endorsement in the ONC roadmap of the coordinated architecture based on the public API as the nationwide technical architecture for interoperability to support the learning health system, which is the language that's used in the roadmap.

The third bullet is really related to the recommendations of the next steps in JASON Task Force that I think map to, you can see a number of the recommendations on the ONC roadmap are really about establishing processes. So processes for full life cycle technical standards, processes for defining and adopting a national technical architecture. So the recommendations that were in the JASON Task Force were to first and foremost leverage the FACAs to determine what the roadmap might call priority functions and what the roadmap might also call associated minimum set of common interoperability standards. That is directly aligned with what the JASON Task Force was saying as well, in terms of the next steps and including those in CEHRT definitions.

And then based on current functional specifications as well as emerging public API-based specifications, which were the core services and profiles and then developing a focused approach to developing core service and profile standards for inclusion in CEHRT to support Meaningful Use Stage 3. Although, as we've discussed earlier in this call, CEHRT and Meaningful Use Stage 3 are also separate...are separate and parallel, so they are decoupled, but we think there is something important, as we described in the JASON Task Force about targeting Meaningful Use Stage 3 to the extent possible.

And then finally, monitoring and motivating market-based accountability and mechanisms for standards and governance. So that was the first thing in the alignment of looking at standards governance and pulling out from the JASON Task Force recommendations things that we thought directly aligned with that. Next slide, please.

And then we did the same for what we might call the operations governance in the ONC roadmap, its data policy and operations governance. You can see in the left-hand column the things that hopefully you're familiar with, which are right out of the ONC roadmap draft milestones. And then we have three things that we pulled out of the JASON Task Force and the Governance Sub-Workgroup inputs.

One is measuring and monitoring the coordinated architecture development through the data sharing networks and use of public API to enable what the roadmap calls priority functions. So as we think about what operational governance...what might constitute operational governance, the language and the recommendation on the JASON Task Force was specifically related to the coordinated architecture built on data sharing networks and measuring and monitoring the progress of data sharing networks and their use of public API for priority functions.

The second bullet is about aligning federal agencies incentive programs with public API deployment and use, which was a part of market motivating activities and then finally, motivating market-based mechanisms for defining public API resources and profiles and the associated legal and business policy relationships for research and consumer access use cases. So you can see on the left-hand side, the roadmap talks specifically about starting to...a policy framework for interoperability of clinical data to support research and big data. In the JASON Task Force you may recall we had five high-level use case areas that we thought were important, one of them was...well one was research and one was consumer access and so that aligns directly with the idea of motivating public API resources and profiles for those use cases. Next slide, please.

So, stepping back, I just gave you a whole bunch of detail on some of the nitty-gritty work we're doing just in mapping that stuff. But let me just step back and give four high-level sort of thoughts that I think pulling the thread of the various conversions we have had in the IO workgroup. Next slide, please and this is my last slide.

So the first thought is that the roadmap needs to be more clear on what constitutes successful achievement of milestones. We had an interesting discussion about whether the milestones are for the vanguard innovators or for those bringing up the rear or put another way, are the milestones about when we would see the lead adopters using something? So we would see pockets of that kind of activity. Or are the milestones supposed to represent that by that particular time, we would expect to have more or less ubiquitous either adoption or availability of what that milestone is specifying? And that's a pretty important point, I think, to sort of tease out what that is. And it may be that we want to define expectations and predictions for the leading and the lagging.

So for example, maybe there is a 3-5 year gap to say we'd like to see something that has pockets of a lot of activity in particular areas and integration of wearable devices, for example, which arguably is happening now. But if you look at the roadmap, it's 10 years from now. So those are the kinds of gaps and the kinds of things that we had a lot of discussion around and perhaps just need a little bit more definition in the roadmap itself.

And that relates to the second point which was, there was a general sense that the time phasing of the goals and milestones may be too conservative in the roadmap and it speaks a little bit to, was the roadmap really supposed to be talking about when it's generally available or ubiquitously available in the market? So it's basically saying that it's for those bringing up the rear, when they have achieved that thing, then we say it's done or is it something different? And in many areas there were many IO Workgroup members who felt that the market is moving much faster than one might think just by looking at the roadmap. Wearables came up, consumer wearables and pluggable Apps and genomics, integration of genomic information were three areas that popped up in the conversation.

The third point is that the coordinated architecture, including core data services and the public API should be included as a key roadmap goal milestone. So the idea here was that the roadmap seems to focus on some high-level cases or uses and that a part of the roadmap perhaps ought to include something about sort of the technical basis for how this happens, recognizing that it evolves but the idea here of the coordinated architecture based on the public API is that that is something that will evolve based on Internet principles. So, it seemed to be...It was important to the workgroup that that be included as a key roadmap milestone.

And then finally that the federal government should be initiating the market motivator activities that were identified both in the JASON Task Force and the Governance Sub-Workgroup, especially with regard to interoperability metrics and monitoring. That the roadmap is great and it starts to lay some of the stuff out, but that we shouldn't be waiting for the roadmap, we should actually start to do this stuff, particularly in the way of figuring out measuring and monitoring because that will both define how we are sort of measuring and defining whether we are accomplishing anything in interoperability. And the second is that it's a very important piece of calibrating governance activities to address observable and measurable gaps that the market fails to address on its own.

So that's...as I said, these are high-level preliminary thoughts that are coming out of our evaluation of the roadmap, just wanted to give the Policy Committee a view of how we're thinking about it and just some of the...sort of the early directional thoughts that are coming out of the workgroup. And let me...before I completely stop, let me turn it over to Chris and see if he has any concluding thoughts as well.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Thank you, Micky. And I have really at this point, nothing to add. I think you laid out quite nicely where this I think this group will go and I appreciate you presenting today.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Great. Thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thanks, Micky, very thoughtful process you are taking, sounds like in addition to IO Workgroup, you may need to coin the term MM for market motivator, so that we don't trip over that. At any rate, and Karen has the first comment.

Karen B. DeSalvo, MD, MPH, MSc – National Coordinator – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services

Micky, Chris and the whole team, I just want to thank you guys. I agree with Paul, it's a really thoughtful process and I appreciate you all continuing to work under an incredibly tight timeline on this. Just wanted to respond to a couple of questions that you had about the overall...the arc of the work and how to reconcile the fact that the future is here, it's just not everywhere and be clear, if I can, about a couple of items.

One, if we beat the timeline, great for us. I think it still makes sense to be as thoughtful, given that there will be quite a bit of work to get done to see that we have a ubiquitous learning health system in a decade. And that was one of your questions was, are we thinking that this is available or available to everyone in the country? And I think what we're shooting for is widely available.

Which brings me to this other point and that is about raising the floor but staying out of the way of innovation. Again, you touched on the question and I just want to point back to the workgroup and ask you to help remember that there are parts of our country where Internet access, which often is done through broadband, is not available. And so the expectations that some communities would not that might be available in some urban settings or on the West Coast, may not be the reality for Montgomery, Alabama.

So let's keep everyone in mind as we are developing a roadmap to consider how we don't exacerbate any digital divide and bring people along, but you are right on target of thinking that there is a bright future already here and well ahead, and in some cases, I think that the market is moving so quickly it is hard to know exactly what to anticipate, so we have got to be really thoughtful about leaving room for that to continue to happen and for our policies and technology approach to support it.

And my last comment is again about this thinking of supporting the ecosystem broadly. You did a great job describing that, that this is a broad ecosystem with increasingly new players, new numbers of players and types of players. And at the end of the day, that we have to be really thoughtful about the things that we spoke about in October, this is vital...of the data with respect to public health or advancing science, improving quality generally overall in addition to the important value of improving health and care of individuals and populations. So I raise all that just to help us remember that as we're thinking of the foundation of governance and the payment that we want to make sure we're considering the potential use cases that may have not clear payment models or financial models associated with them. Thanks.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thank you. Next on the list is, actually somebody...but Paul Egerman then?

Paul Egerman – Businessman/Software Entrepreneur

Great. Thank you Paul and thank you Micky, a great presentation and also very much appreciated Karen's comments about the digital divide. The question I have, Micky and Chris, relates to the metrics. I mean, first what you say about the metrics is excellent, but I don't quite understand how you're going to do the metrics about outcomes. So for example, if I saw the roadmap correctly, it said that there would be increased granular access in I think they said 2017. But how do you do any kind of an outcome analysis as to whether or not that really has any impact? Or you talked about the wearables, where do you do an analysis that shows...showing...interfacing the wearable devices into the EHR somehow improves outcomes? How you do that?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I mean, we don't have an answer to that yet, we're just pointing out that we think that for things that are put down as milestones that we need, as a process, to have an ability to measure those things. So, on our sort of tentative work plan for the IO Workgroup is that we may take up the question of metrics of interoperability after some time in December, maybe in early January, depending on where we are on the roadmap. I know ONC had made a tentative request based on our timelines if we could start to consider specifically the question of metrics.

Paul Eggerman – Businessman/Software Entrepreneur

So we approve the roadmap, we won't have the metrics defined as part of that process?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I mean, I don't know. We're not...we'll provide some input, we'll provide as much input as we can as a workgroup, but then that will be up to ONC to decide how much of the metrics and how much of metrics and monitoring they incorporate in the roadmap itself.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

And I think this is an excellent question, I mean, we all know writing good measures is a difficult task and how challenging it has been to do the measures for Meaningful Use. So, I think your point to...that says, hey, you have got to do a lot of work on this area and come to think about...start to think about some measurements that you want to build out is very well taken.

Paul Tang, MD, MS – Vice President Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thank you. Next is David Lansky, please.

David Lansky, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Thank you, Paul. And Micky and Chris, thanks very much, I thought both the approach you're taking and the perspective you just shared is really excellent and very helpful. I just wanted to mention two things. One, I think the cornerstone question that was at the very beginning of this presentation is whether the government taking a backseat role and watching the market play out is the right course and for how long? And to the question of metrics, at what point do we look at progress towards the goals and say the market-driven model isn't moving quick enough and stronger government action may be necessary?

And so tuning the metrics to that question that we and others can monitor, would be important.

To me, the question of how to evaluate whether we're making progress using the market-based mechanisms, as we're calling them, folds back on some of the architecture issues. And specifically, if the market-based mechanisms are going to work to drive advances in interoperability in data exchange, then the market players have to feel that they're getting value out of that infrastructure in order to continue to reward it, invest it, etcetera. And up until now that generally hasn't been the case and if anything, some of the market drivers have worked in an opposite direction for freer exchange of data.

So the point I want to suggest is that somewhere in this roadmap we might want to encourage ONC to think about how the data architecture supports market action. And obviously for me and the folks I work with, that means how is the architecture capable of extracting data across the network to support payment recognition, benefit design, steerage, and all those kinds of market players. And that some of the metrics then to fall out of that are around care coordination, outcomes, etcetera...chronic care management.

So I think there's been an absence in the interoperability discussion so far of thinking about the relation...we tend to think about it in terms of clinical computing, bedside computing, moving data to the point of care and not thinking about it as an infrastructure to support the market actions which in turn drive the larger capabilities we want to see. So somewhere I hope we can fold in an interface, in a sense, between this market-based mechanisms question and the larger architectural issues we're trying to solve for.

The last thing I wanted to say about the metrics, I appreciated Paul's points and Karen's. I hope we can work towards some metrics that are about the functional benefits for Americans. If the denominator is people and so the numerator is are we doing better with care coordination? Are we doing better with information handoff? Are we doing better with measuring outcomes over time? Those are the outcomes that matter more than breaking down the processes, the functional improvements we want to gain through this process. So, somewhere I hope the reports will speak to the issues of benefits to individuals as a result of these capabilities. Thanks.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Thank you. That was...I appreciated that comment. If you recall, the Governance Sub-Workgroup was...the reporting out was indicating that there were very different opinions about the perception of speed and the need for more government intervention versus maintaining current progress. And I think the point that you make is that we need from the very get go to be very clear about what we measure and that the measurement has to be meaningful, as in, it changes care for individuals. I think that's an excellent point and I most certainly agree with you 100%.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

And just to maybe piggyback on that, really appreciate David Lansky's point about the denominator is people and not patients. And so maybe the metric is around people and health and not just "care" of people. Any other comments related to that before we move to the next person? And actually there isn't another question? Any other comments or questions?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah, this is Erica Galvez from ONC, if I can just comment on the measures discussion briefly. There was a question that was raised a moment ago about whether the draft that we put out in January for public comment will have any metrics in it. And I just want to make sure it's clear that the intention is that we will include metrics to the extent that we can. I think many of you gave terrific feedback during the October 15 meeting that we have taken back in earnest and a number of staff have been working on not only identifying existing measures that might meet the mark and the needs that we've discussed, but also additional measures that could be created and where the data frankly could come from.

So, I don't know that we will have a complete set of measures for the draft version that we post for public comment in January, but I do want to make clear that the intention is that we will include at least some measures to the extent that we can identify and define those and they're meaningfully measuring the things that matter. And there will cer...so certainly, opportunity for everybody to comment on those and appreciate any other feedback that you guys have in the interim on where that measurement should focus.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thanks, Erica, very helpful. Any other comments about the draft, any further feedback? I think the process they're going through is really good and I really look forward to the outcome next month where we're going to look at their final recommendations. Okay, well thanks Micky and Chris, really appreciate it.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Great, thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Okay. It never hurts to be early, so I think with no other business; we'll go to public comment, please.

Public Comment

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Operator, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

If you are listening via your computer speakers, you may dial 1-877-705-6006 and press *1 to be placed in the comment queue. If you are on the phone and would like to make a public comment, please press *1 at this time.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

It looks like we have no public comment so, thank you everyone. We had a very efficient meeting and just note that our next meeting is December 2 and will be virtual as well.

Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation

Thank you. Thanks to the committee and thank you to Michelle and the incredible ONC staff. So thanks everyone and see you in December. Happy Thanksgiving.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you.

Public Comment Received During the Meeting

1. Do you have statistics on number of patients who are emailing their EPs
2. How big was the sample? Hard to imagine that a 50% difference in the withheld records question would not be statistically significant.

Meeting Attendance								
Name	11/04/14	10/17/14	09/03/14	08/06/14	07/08/14	06/10/14	05/08/14	05/07/14
Alicia Staley	X			X	X			
Anjum Khurshid	X							
Aury Nagy			X					
Charles Kennedy	X	X	X	X	X			
Chesley Richards			X	X				
Christine Bechtel	X	X	X	X	X	X		
Christoph U. Lehmann	X	X		X		X		
David Kotz	X	X	X	X		X		
David Lansky	X	X	X	X	X	X		
David W Bates					X	X		
Deven McGraw	X	X	X	X		X		
Devin Mann					X			
Gayle B. Harrell	X	X	X	X	X	X		
Joshua M. Sharfstein				X				
Karen Desalvo	X	X	X	X	X	X		
Kim Schofield	X		X	X	X	X		
Madhulika Agarwal	X			X				
Marc Probst	X	X	X	X	X	X		X
Neal Patterson		X	X	X	X	X		
Patrick Conway								
Paul Egerman	X	X	X	X	X	X	X	X
Paul Tang	X	X	X	X	X	X	X	X
Scott Gottlieb	X				X	X		

Thomas W. Greig			X	X	X	X		
Troy Seagondollar	X	X	X	X	X			
Total Attendees	17	13	16	19	16	15	2	3